



U.S. Department of State

ALLOTMENT OF PAY/PRIOR SERVICE CREDIT APPLICATION AND AUTHORIZATION TO MAKE, CHANGE, OR DISCONTINUE

1. U.S. Department or Agency ICASS		2. Bureau or Service AF		3. Retirement System <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> FSR <input type="checkbox"/> FSPS	
4. Name of Allotter (Last, First, MI.) ADEGOKE UDUAK M				5. Employee or Social Security Number 200139696	
6. Duty Station FMC		(City) ABUJA		(Country) NIGERIA	
7. NATURE OF ACTION REQUESTED <input type="checkbox"/> FS Prior Service Credit <input type="checkbox"/> CS Prior Service Credit <input checked="" type="checkbox"/> Allotment of Pay <input type="checkbox"/> Emergency Evacuation Allotment					
Allotment Each Pay Period 10,000.00		From: IMMEDIATE		To: INDEFINITE	
Type of Depositor Account <input type="checkbox"/> Checking <input type="checkbox"/> Saving					
Name and Address of Financial Institution AMEEMCA COOPERATIVE UBA NICON LUXURY ABUJA B. Countersigned (Allotter - Administrative Officer)				Routing/EIN Number	
				Depositor Account Number 1024035311	
8. AUTHORIZATION BY ALLOTTER I hereby request and authorize a regular allotment to be <input checked="" type="checkbox"/> made, <input type="checkbox"/> changed, <input type="checkbox"/> discontinued, subject to approval, to be effective as indicated above, until altered by me in writing; or, an emergency evacuation allotment to be effective when countersigned by me, or if absent from the Post at time of evacuation, by the Post Administrative Officer; and I hereby release whatever claim to payment of salary I would otherwise have for the amount of this allotment and I also relinquish all right, privilege, and power to make a further allotment presented by this allotment, once the United States has issued a check payable to the allottee for this allotment.					
A. Signature of Allotter in Full (Sign Original Only) 				Date (mm-dd-yyyy) 09/25/2021	
B. Countersigned (Allotter - Administrative Officer)				Date (mm-dd-yyyy)	
9. ADMINISTRATIVE ACTION Appropriation _____ Date (mm-dd-yyyy) _____					
10. APPROVED, RECORDED, AND FORWARDED					
A. Title of Officer Responsible for Preparation of Payroll		B. Signature of Officer Responsible for Preparation of Payroll (Type Name and Sign all Copies)			Date (mm-dd-yyyy)
WARNING: Disclose to Authorized Persons Only (22 CFR 171.32J(4)) Contains Information Protected by the PRIVACY ACT OF 1974					